Nutrition and WIC Services

November 2005

Nutrition and WIC Update

Client Services Is Changing

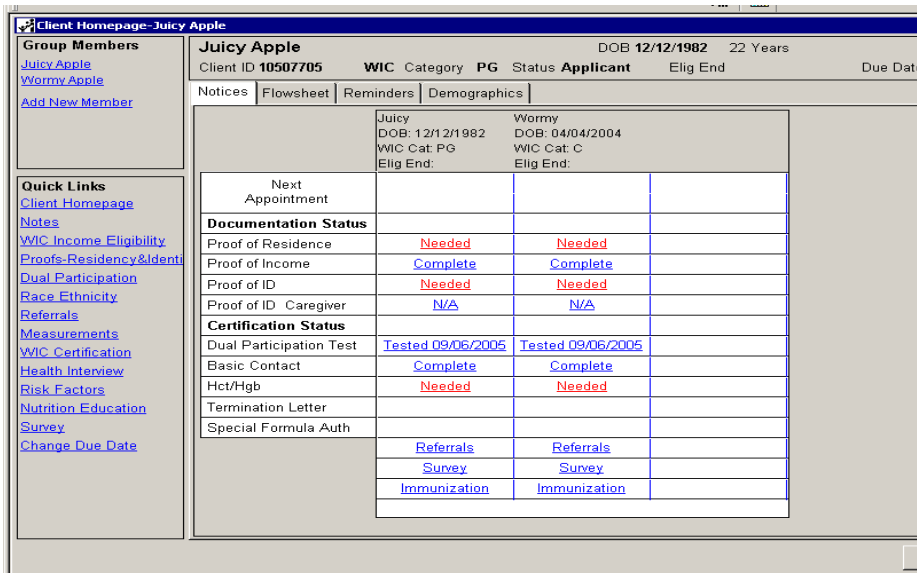
Roger Lewis, KWIC Project Director

KWIC has been in use for two years now and it is time for a change. Before the new system was rolled out across the state, few people knew what to expect from automation. Weeks and months of use made experts of us all on the topic of what we want from this system. Suggestions poured in from every clinic on bugs in the software and new ideas on how to make the system a better tool.

Early in 2006, a new version of Client Services will go to pilot and shortly after that go statewide. This version was created after review and consideration of all of the suggestions made. The problems have been addressed and some basic changes have been made in how we move around in the system and work with a family. The "Homepage" below is a good example of these changes:

- Group Members - change family member while on the same screen.
- Quick Links – jump directly to where you want to go next.

Notices Tab – status of each requirement for each family member in one place.



Clinic and state staff are testing the changes. Training options are being discussed. Pilot locations will be determined in coming weeks. It is time for a change, and things are changing for the better.

Inside this issue:

Which Risk Factor . . .

Sandy Perkins, Maternal and Child Nutrition Consultant

At every certification, mid-certification and subsequent certification all applicable risk factors should be assigned to WIC applicants. Nutrition risk may also be assessed during a secondary nutrition education contact. Previously assigned risk factors may not be removed during a secondary nutrition education contact, but all newly identified risks should be assigned. It appears that many times the certifying professionals are assigning the obvious risk factors and not assessing for some of the less apparent conditions. It is important that clients are assessed for all risk factors. Not only so we can target nutrition counseling as needed, but nutritional risk and priorities are also linked with WIC funding.

Let's play a game to see how many risk factors you can identify in the following scenarios. **The answers are hidden throughout the rest of this newsletter**. Since a computer is not required to play this game, autocalculated risk factors can be ignored.

Scenario 1: Robin Lipton is in your office after delivery of her baby, Eric. Eric was born at 26 weeks gestation and weighed 1 pound 12 ounces at birth. Robin states that she lost 10 pounds during her pregnancy, and was hospitalized several times with severe vomiting. Since the delivery the nausea and vomiting have resolved, but she states she doesn't have much time to eat, she tries to grab at least one meal / day from the hospital cafeteria. Eric is still in the hospital, and she is pumping and providing him with only breastmilk.

Should Eric be certified, even though he is still in the hospital? In this case, yes. While WIC does not normally certify infants prior to hospital discharge, the KWIC system will not allow you to issue Robin an enhanced breastfeeding food package, until Eric is certified. Eric should be certified based upon hospital medical data. After he is discharged from the hospital, a RD appointment should be scheduled to complete the assessment process and provide nutrition counseling.

Which risk factors would you assign to Robin?

Scenario 2: Maddie Chivers is pregnant for the third time, this time with twins. Her first child, Jennifer was born with a cleft lip, which was successfully corrected after three surgeries. Jennifer is now 7 years old. The second child is a healthy, 3-year old terror. Maddie states that everything is going fine with this pregnancy. The doctor has prescribed prenatal vitamins, and she is taking two, one for each infant. She states that her appetite has been good, but she has been having a little trouble chewing meat and other tough foods since she got her new teeth. Her food record includes only soup and some pudding.

What risk factors would you assign to Maddie?

Scenario 3: Jessica Guthrie is an active, 18 month old WIC client in for a recertification. Her height/age has dropped from the 30 percent to below the 10percent and her hemoglobin has gone down to 10.6 mg/dl since her last certification visit. Mom says her childcare provider, who used to work in a doctor's office, thinks Jessica has a medical problem that is causing her not to grow right. The food record shows a wide variety of foods are offered. Her mother reports her appetite is fair to good and that she has just started eating more meat. Jessica really likes juice and refuses to drink much milk. Her mother estimates that she usually drinks about 16 ounces juice per day. They have been working hard to wean Jessica from the bottle, but are having trouble with the nighttime bottle. She is only taking one bottle day and it only has diluted apple juice in it.

What risk factors would you assign to Jessica? (Low Hemoglobin and At Risk of Short Stature will be autocalculated.)

"Su Familia" Provides a Needed Service

The Department of Health and Human Services has created a toll-free National Hispanic Family Health Helpline known as "Su Familia." It can be accessed at 866-783-2645. Su Familia provides bilingual information and refers callers to one of over 16,000 local health providers, migrant centers, or needed health services. Callers can also receive consumer fact sheets in Spanish on a variety of topics including immunizations, diabetes, HIV/AIDS and more.

Scenario 1 - Robin Lipton

The following risk factors should be assigned to Robin:
Preterm Delivery at Last Delivery
Low Birth Weight Infant born at Last Delivery
Inappropriate Diet

Since Robin is already eligible for WIC at priority 1, you should not assign the risk factor Breastfeeding Mother of Infant at Priority 1 Nutritional Risk. That risk factor should only be assigned when the infant is priority 1 and the mother is at priority 4 or 7. While the risk factor Potential Breastfeeding Complications might seem appropriate, pumping your breastmilk and providing it to your hospitalized, very low birth weight infant is not one of specific criteria included in the definition.

Question and Answer

Question: What do I have to do when a client transfers out of my clinic?

Answer: Nothing. The transfer In State process initiated by the new clinic does the following:

- Moves the information needed to the new clinic
- Removes any future appointments set at the old location
- Terminates the client in the old clinic
- Sends a WIC Mail to the old clinic to say the client is gone

There may be a request to cancel checks if the food package must be changed or the checks replaced.

On The Road Again . . .

Sandi Fry, Vendor Manager

On the road again…the State Agency staff is on the road again!! Management Evaluations are being completed and as an added bonus, state staff members have also been conducting compliance buys at the local grocery stores.

A compliance buy is an investigation into the vendor's process for completing WIC transactions. Staff members received investigation checks (a dead ringer for real WIC checks) and went undercover! Posing as new or even somewhat forgetful WIC clients, these staffers went into grocery stores and attempted to purchase items that are not WIC approved or over the limit of WIC allowed foods.

The USDA requires compliance buys for, at a minimum, 5 percent of all authorized vendors. Vendors who are identified as high risk get the highest priority. This year, due to the fact that state staff members were out traveling Kansas, some vendors outside the Topeka area were selected to ensure the 5 percent was attained. Compliance buys were completed in Arkansas City, Carbondale, Independence, Overbrook, Seneca, Silver Lake, Topeka, and Winfield.

We are happy to announce that in most cases, vendors did well. However, some of the most common errors committed during the transactions were: identification not being checked, too many ounces of adult cereal being purchased and not allowing the WIC client to fill in the date on the check. Letters will be sent to each vendor with the local agency vendor contact copied, detailing issues observed. Correction action plans will be expected from vendors that had more serious issues.

Food Safety for Moms-to-Be

As part of an ongoing effort to reach groups at high risk for foodborne illness, the Food and Drug Administration (FDA) is launching its Food Safety for Moms-to-Be education campaign for women who are pregnant or who plan to become pregnant. The campaign has two key components:

* A health educator's toolkit, including a resource guide, videocassette and DVD in both English and Spanish.
* A Website for educators and consumers including food safety pages for women, free downloadable educator's resource guide, PowerPoint presentations, downloadable and printable handouts, posters and flyers, as well as links to the FDA and CDC sites.

To find more information, visit http://wwwcfsan.fda.gov/~pregnant/pregnant.html

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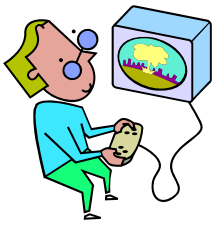
Scenario 2 - Maddie Chivers

The following risk factors should be assigned to Maddie:

Multifetal Gestation
Inappropriate Diet
Dental Problems
History of Birth with Nutrition Related Birth Defect
Inappropriate Intake of Dietary Supplements (questionable)

Less Screen Time and More Physical Activity Lead to Healthier Weight

Pat Dunavan, Nutrition Education Specialist



TV viewing and lack of physical activity are major predictors for overweight (body mass index greater than 95 percent) in children between 3 and 7 years of age. Research conducted that the Children's Nutrition Research Center at Baylor University suggests that ages 6 and 7 may be a critical time when TV viewing and physical activity have the greatest impact on BMI. A study following 3 to 4 year old children from White, Hispanic and African American families for three years was published in the April 2005 issue of the International Journal of Obesity. TV viewing time and physical activity were assessed by direct observation of the children.

The lead researcher for the study stated that determining the causes for obesity is a complex issue. Obesity results from an imbalance of calories exceeding the energy expended. Too much TV time can decrease the time available for physical activity. Since TV viewing has been associated with consumption of soda, fried foods and snacks, the relationship between TV viewing and the increased presence of overweight could also be related to children making poor dietary choices while watching TV. The study pointed out that as the children grew older the relationship between overweight and TV viewing became stronger.

Researchers encouraged parents to decrease a child's exposure to television viewing and encourage early and frequent physical activity. By delaying the exposure to frequent television viewing, it is hoped that the rates of obesity might be slowed.

The American Academy of Pediatrics has suggested that parents should limit their child's use of TV, movies, video, and computer games to no more than one to two hours per day. The also encourage removing the television from the child's bedroom and eliminating TV viewing for children under the age of two.

I find television to be very educating. Every time somebody turns on the set, I go in the other room and read a book. ~Groucho Marx

From Nutrition and Your Child, Volume 2, September 2005.

Local Agency News

We welcome these new WIC employees:

Douglas County: Beranda Tatum, Clerk
Morris County: Cheryl Patterson, RN
Riley County: Natalie Barta, RDE
Shawnee County: Tamika Zollicoffee, Clerk
Trego County: Lisa Reiter, RN
Wyandotte County: Michelle Oliver-Brown, LPN

Douglas County: Maria Ana Garza, RN
Morris County: Lori Dalquest, Office Manager
Sedgwick County: Tamerin Massey, RD
Shawnee County: Diane Moore, RN
Waubaunsee County: Paula Soldan, Clerk

We say goodbye to these WIC friends:

Douglas County: Erin Ensz, RN
Johnson County: Nanda Vaidya, RD
Riley County: Jackie Wingerd, RD
Sedgwick County: Maria Kochi, RN
Trego County: Carol Chaffee, RN

Johnson County: Jamie Soukup, RD
Riley County: Justina Vanderlinde, Clerk
Sedgwick County: Bridget Thomason, RD
Southwest Kansas WIC: Roxanne Dohogne, Clerk

Health Literacy, What's That?

Pat Dunavan, Nutrition Education Specialist

Most of us associate literacy with reading proficiency, but more recently the term "health literacy" has been used to mean the ability to read, understand and effectively use basic medical instructions and information. People of all ages, cultures, income, and education levels have difficulty comprehending nutrition and health instructions and educational materials.

In 1992, the National Adult Literacy Survey found that 48 percent of adults over age 16 read at an eighth grade or lower literacy level. According to the Institutes of Medicine, nearly 90 million people have difficulty understanding and using health information. Most adults on average read three to five reading levels below their educational level. There is often a feeling of shame among those who have difficulty understanding health and nutrition information.

There are many reasons why someone might not be "health literate." They may:

- Not be using learned reading skills
- Have learning disabilities
- Lack a frame of reference for the topic discussed
- Not have English as their first language
- Be reading poorly developed educational materials or confusing instructions

Whatever the reason for low health literacy, there are clues that may indicate someone is having difficulty in understanding your materials or instructions. They may:

- Take your words literally
- Read quite slowly, or get tired of reading easily
- Bypass tough or unknown words
- Interpret graphics and pictures very literally
- Have trouble finding the central message of the educational materials

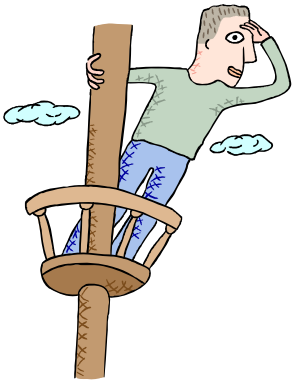
You may see clients who:

- Carry lots of papers around for reference
- Fail to ask questions after "reading the material"
- Offer excuses like "I forgot my glasses" or "I'll take this home to share with my husband" when they are asked to fill out forms or read something

So what can you do to help your clients better understand and use the information you are giving them? Remember to keep it simple. Ideally, share no more than three to four main points in your discussion or written materials. Verbally review with the client what you want them to know. Stick to one idea at a time. If you give them a list, avoid putting more than five items in a list. Use pictures only if they reinforce what you are telling them or demonstrate the information. Underline or highlight an important point in written materials you give them, to bring it to their attention. Your efforts at making your messages clearer may pay off in helping your clients help themselves to better health.

Check This Out!

Pat Dunavan, Nutrition Education Specialist



Want a way to explain proportionality as it applies to the MyPyramid food groups to clients? Try http://www.platemethod.com. Devised by the State of Idaho, it shows using a common plate how to best eat to meet your health goals.

Need to check on your client's medications and potential food interactions? Then check out http://www.rxlist.com. The site provides information on the drug, its side effects and food interactions and much more.

How about information on dietary supplements? USDA has the site for you. Try http://www.nal.usda.gov/fnic/pubs/bibs/gen/dietsupp_prof.html for your ultimate resource for professional information on dietary supplements.

Looking for a user-friendly nutrient database? Then http://www.NutritionData.com is for you. This site provides detailed information on the nutrients in all your favorite foods, including brand names and fast foods.

Want to learn more about the eating habits of different cultural groups? Then access this Ohio State University Extension Website to get information on the eating habits of Hispanics, African Americans, Amish, and more at http://www.ag.ohio-state.edu/~ohioline/lines/food.html/#FOODN.

The Center for Science in the Public Interest has developed two new resources with healthy snack ideas for parents, teachers, and other caregivers. You can access the one-page version at http://www.cspinet.org/nutritionpolicy/snacks_summary.pdf .

Want information for Korean or Vietnamese families on reducing childhood obesity? Then go to http://nature.berkeley.edu/cwh/activities/asian_lang_publications.shtml The site includes pamphlets in English, Korean and Vietnamese that encourage healthy eating and physical activity.

Scenario 3 - Jessica Guthrie

The following risk factors should be assigned to Jessica:

Inappropriate Feeding Practices for Children - routine consumption of greater than 12 oz juice/day
Inappropriate Use of Bottles – use of a bottle beyond 14 months of age

Based on the information provided no risk factor can be assigned based on a medical condition. The actual medical conditions must be diagnosed by a physician and listed in the definition.

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WE'RE ON THE WEB!
WWW.KDHEKS.GOV/NWS-WIC

Growing healthy Kansas families

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KWIC Kansas WIC Program

New Clinic and School of Dental Hygiene Opens in Pittsburg

Through a truly collaborative effort, the Community Health Center of Southeast Kansas and Fort Scott Community College have partnered on the expansion of dental resources available to Kansans.

As part of the partnership, the new, full-service dental clinic opened its doors at the beginning of August 2005. The full-time clinic is staffed by one or more dentists and provides services based on ability to pay, with a target population of uninsured and Medicaid children and low-income and/or elderly adults. The clinic hopes to provide care for more than 6,200 low-income patients annually.

Within the same facility, the clinic is also operating a two-year dental hygienist training program. The first class of twelve students started their training in August as the clinic opened its doors for the first time. The dental clinic serves as the clinical training site for both the first year and second year students.

Through this collaborative relationship, both programs will immediately meet their primary goals of serving a very needy underserved population, addressing the critical shortage of dental professionals in the region and training students for well-paying, critically needed positions.